

| | | | |
|--------------------------|---|--------------------------|---------------------|
| <input type="checkbox"/> | Grade 12 - High School Diploma | <input type="checkbox"/> | Client Doesn't Know |
| <input type="checkbox"/> | School Program does not have grade levels | <input type="checkbox"/> | Client Refused |
| <input type="checkbox"/> | GED | <input type="checkbox"/> | Data Not Collected |
| <input type="checkbox"/> | Some College | | |

Employed?

| | | | | | | | | | |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn't know | <input type="checkbox"/> | Client refused | <input type="checkbox"/> | Data not collected |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|

If yes, type of employment

| | | | | | |
|--------------------------|-----------|--------------------------|-----------|--------------------------|---|
| <input type="checkbox"/> | Full-time | <input type="checkbox"/> | Part-time | <input type="checkbox"/> | Seasonal/Sporadic (including day labor) |
|--------------------------|-----------|--------------------------|-----------|--------------------------|---|

If no, why not employed?

| | | | | | |
|--------------------------|------------------|--------------------------|----------------|--------------------------|-------------|
| <input type="checkbox"/> | Looking for work | <input type="checkbox"/> | Unable to work | <input type="checkbox"/> | Not working |
|--------------------------|------------------|--------------------------|----------------|--------------------------|-------------|

LAST PERMANENT ADDRESS

Prior Street Address: _____

Prior City: _____ Prior State: _____ Zip: _____

PRIOR ADDRESS DATA QUALITY

| | | | |
|--------------------------|--|--------------------------|--------------------|
| <input type="checkbox"/> | Full address reported | <input type="checkbox"/> | Client refused |
| <input type="checkbox"/> | Incomplete or estimated address reported | <input type="checkbox"/> | Data not collected |
| <input type="checkbox"/> | Client doesn't know | | |

VAMC Station number: [\(614\) Memphis, TN](#)

INCOME FROM ANY SOURCE

Have you received income from any source?

| | | | |
|--------------------------|---------------------|--------------------------|--------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Client refused |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | Data not collected |
| <input type="checkbox"/> | Client doesn't know | | |

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source that apply:

| No | Yes | Source of Income | Amount | No | Yes | Source of Income | Amount |
|--------------------------|--------------------------|--|--------|--------------------------|--------------------------|--|--------|
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Insurance | \$ | <input type="checkbox"/> | <input type="checkbox"/> | VA Non-Service Connected Disability Pension | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Worker's Compensation | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Pension or Retirement Income from a Former Job | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Disability Insurance | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF) | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | VA Service-Connected Disability Compensation | \$ | <input type="checkbox"/> | <input type="checkbox"/> | General Assistance (GA) | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Disability Insurance (SSDI) | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Alimony and Other Spousal Support | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security Income (SSI) | \$ | <input type="checkbox"/> | <input type="checkbox"/> | Child Support | \$ |
| <input type="checkbox"/> | <input type="checkbox"/> | Retirement Income from Social Security | \$ | <input type="checkbox"/> | <input type="checkbox"/> | *Other Cash Income | \$ |

*Source of Other Case Income

TOTAL CASH INCOME: Amount is Auto Generated

NON-CASH BENEFITS

Have you received non-cash benefits from any source?

| | | | | | | | | | |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn't know | <input type="checkbox"/> | Client refused | <input type="checkbox"/> | Data not collected |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|

If yes for non-cash benefits from any source that apply:

| NO | YES | SOURCE OF BENEFIT | NO | YES | SOURCE OF BENEFIT |
|--------------------------|--------------------------|--|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps) | <input type="checkbox"/> | <input type="checkbox"/> | Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> | <input type="checkbox"/> | SANF Child Care services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> | <input type="checkbox"/> | TANF transportation services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | Other TANF funded Services (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 8, public housing, or other ongoing rental assistance | <input type="checkbox"/> | <input type="checkbox"/> | Temporary rental assistance |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Source | If yes to "Other" Source, please specify: | | |

HEALTH INSURANCE INFORMATION

Covered by health insurance?

| | | | | | | | | | |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|
| <input type="checkbox"/> | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | Client doesn't know | <input type="checkbox"/> | Client refused | <input type="checkbox"/> | Data not collected |
|--------------------------|----|--------------------------|-----|--------------------------|---------------------|--------------------------|----------------|--------------------------|--------------------|

| NO | YES | Health Insurance Providers | NO | YES | Health Insurance Providers |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICAID | <input type="checkbox"/> | <input type="checkbox"/> | Health Insurance obtained through COBRA |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICARE | <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services | <input type="checkbox"/> | <input type="checkbox"/> | Indian Health Services Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer - Provided Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> | Other |